Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 8 - Californians for Kidney Dialysis International Union - United Healthcare Wo	Patient Protection, Sponsored by Service Employees orkers West	Date of This Filing10/24/2018	Date Stamp	For Official Use Only
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable) 1398274	Report No		
STREET ADDRESS		Amendment to Report No.	Page 1 of 3	
CITY Los Angeles	STATE ZIP CODE CA 90017	(explain below) No. of Pages3		
Late Contribution(s) Reco	eived			

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * AMOUNT **RECEIVED** RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Service Employees International Union, United Healthcare Workers West (Nonprofit 501(c)(5)) - Yes on 8 - Californians for Kidney Dialysis Patient Protection Oakland, CA 94612-1602 10/23/2018 IND \$400,000.00 COM OTH PTY SCC ID# 1373047 IND COM OTH PTY

SCC IND COM OTH PTY SCC

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS CITY STATE ZIP CODE Los Angeles CA 90017			Amendment to Report No (explain below) No. of Pages3	Page 2 of 3		
Late Contrib	ution(s) Made					
DATE MADE		G ADDRESS AND ZIP CODE OF RECIPIENT MMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

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Memo Reference: Contributions from California Democratic Party are nonmonetary contributions.
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